



Use this form to complete your application for the Marin Access Low Income Fare Assistance (LIFA) program.

Eligible riders will receive \$20 of credit per month to use for local Marin Access Paratransit trips or the base fare for Catch-A-Ride. Eligible applicants can opt-in to receive a free pass to use on Marin Transit local bus service. Submit this form via US Mail, email, or via an electronic form on our website. **Forms that are incomplete will not be processed.**

A completed form includes responses to **all questions** and the inclusion of **all necessary** documentation.

To qualify for the LIFA program you must be age 65+ or eligible for ADA paratransit, a resident of Marin County, and either be enrolled and eligible for Medi-Cal and provide Medi-Cal ID number with issue date or demonstrate annual income that is at or below the current Elder Economic Index standard (found at www.marintransit.org/lifa).

SECTION 1		
1. Full Name:		2. Phone Number:
3. Marin Access ID <i>(skip if unknown)</i> :		
4. Date of Birth:		
5. I would like to receive a Marin Access pass to use on Marin Transit local buses. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 2 <i>If you complete section 2, skip section 3.</i>		
6. I am registered for Medi-Cal. <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Medi-Cal ID No.:		
8. Medi-Cal Benefits Card Issue Date:		
SECTION 3 <i>Skip this section if you completed section 2.</i>		
9. Annual Income:		
10. Describe your living situation:	Single	Couple
Owner without Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Owner with Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Renter	<input type="checkbox"/>	<input type="checkbox"/>
11. Enclose one of the following <i>(Check the box to identify which documents you are including)</i> :		
<input type="checkbox"/> Three recent pay stubs		
<input type="checkbox"/> Three recent financial assistance documents		
<input type="checkbox"/> Most recent tax return		
<input type="checkbox"/> Most recent year end social security statement		
SECTION 4		
12. Check the boxes below to agree to each statement.		
<input type="checkbox"/> I certify that the information in this application is true and correct.		
<input type="checkbox"/> I understand that knowingly falsifying the information will result in dismissal from the program.		
<input type="checkbox"/> I understand that all information will be kept confidential.		
<input type="checkbox"/> I understand that completing this form does not amount to an eligibility determination.		
Signed:		Date:

Submit this form via:



travelnavigator@marintransit.org



www.marinaccess.org/lifa